



# North Dakota Family Caregiver Support Program Monthly Report

ND Department of Human Services

Aging Services Division

SFN 296 (Rev. 01-2004)

## Section 1: Identifying Data

Legal Entity Name:		Service Period: (Example mm/dd/yy) From: _____ To: _____	
Address:	City:	State:	Zip Code:
Signature:		Title:	Date:

## Section 2: Demographic Information

A. Unduplicated Care Recipient/Grand-Parent Count by Characteristic	Care Recipients (60 +)	Grandparents (60 +) Caring for Grandchildren
1. Race		
Black or African American		
Hispanic or Latino		
American Indian		
Asian		
Native Hawaiian or Other Pacific Islander		
White		
Other		
2. Rural		
3. Poverty		
4. Poverty / Minority		
5. Socially Isolated		
6. Limited English		

## Section 3: Specific Population Groups

A. Population Groups	Family Caregivers	Grandparents Caring for Grandchildren
1. Caring for Developmentally Disabled/MR		
2. Caring for Alzheimer's or Related Disorder		

## Section 4: Services to Caregivers

A. Information	Family Caregivers	Grandparents Caring for Grandchildren
1. Total Estimate of Number Served Under Outreach/Client Identification		
2. Describe the Outreach Efforts Used During This Service Period		
3. Total Public Education Events		
4. Total Individuals Attending Public Education		
5. Unduplicated Cities Where Services Were Provided		

<b>B. Assistance</b>	<b>Family Caregivers</b>	<b>Grandparents Caring for Grandchildren</b>	<b>Other</b>
1. Total Clients Receiving I&A Services			
2. Total Clients Receiving Case Management			
3. Total New Clients Receiving Case Management			
4. Unduplicated Cities Where Case Management Services Were Provided			
5. Unduplicated Cities Where I&A Phone Calls Were Received From			

<b>C. Counseling / Support Groups / Training</b>	<b>Family Caregivers</b>	<b>Grandparents Caring for Grandchildren</b>
1. Total Clients Served	Counseling	Counseling
	Caregiver Training	Caregiver Training
2. Total New Clients Served	Counseling	Counseling
	Caregiver Training	Caregiver Training
3. Total Counseling Hours Provided		
4. Total Training Hours Provided		
5. Total Support Groups Developed / Supported		
6. Unduplicated Cities Where Services Were Provided		

<b>D. Respite Care</b>	<b>Family Caregivers</b>	<b>Grandparents Caring for Grandchildren</b>
1. Total Clients Served		
2. Total New Clients Served		
3. Total Respite Hours Provided		
4. Unduplicated Cities Where Services Were Provided		

### Section 5: Program Income

<b>A. Monthly Program Income</b>	
1. Amount of Program Income Received Per Service	\$ Amount
Information	
Assistance	
Counseling/ Training / Support Groups	
Respite	